



PAGE 23 \* RCV'D AT 4/24/2006 3:12:53 PM [Eastern Daylight Time] \* SVR:USPTO-EF-XRF-20 \* DMS:273285 \* CSID:9727329218 \* DURATION (MM:SS):01:52

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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48154 7590 03/02/2006  
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**04/25/2006 TBESHAK2 00000026 501065 10648493**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kristin R. Hayes	(Depositor's name)
	(Signature)
April 24, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,493	08/25/2003	Joerg Mellmann	INTECH 3.0-088 03 P	4246

TITLE OF INVENTION: SYSTEM AND METHOD OF CORRECTING MASK RULE VIOLATIONS AFTER OPTICAL PROXIMITY CORRECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/02/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DDMYAN, MAGID Y	2825	716-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 Slater & Matsil, L.L.P.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Infineon Technologies AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

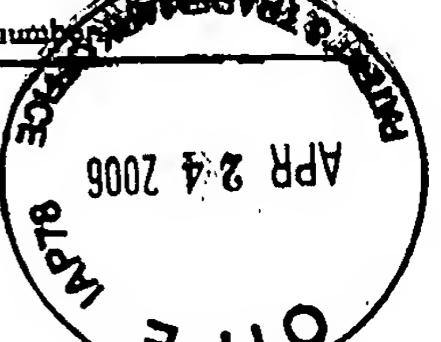
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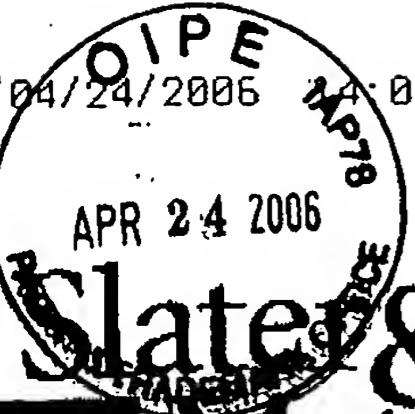
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### FACSIMILE COVER SHEET

To: Commissioner for Patents	Total Pages Sent: 3
Mail Stop Issue Fee	(including cover sheet)
Facsimile Number: (571) 273-2885	Transmission Date: April 24, 2006

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mellmann	Docket No.: INTECH 3.0-088 03 P 50512
Serial No: 10/648,493	Art Unit: 2825
Date Filed: August 25, 2003	
Title: System and Method of Correcting Mask Rule Violations after Optical Proximity Correction	

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at (571) 273-2885 on the date shown above:

- Certification of Facsimile Transmission (1 page)
- Part B – Fee(s) Transmittal (2 duplicate pages)

Respectfully submitted,

Kristin R. Hayes  
Legal Assistant

Confirmation Respectfully Requested

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